(c) the steps proposed to be taken to keep clean and maintain properly the mortuary of such a prestigious Hospital in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT [DR. (SHRIMATI) RITA VERMA]: (a) to (c) As per the information provided by All India Institute of Medical Sciences (AIIMS), the Institute has one walk in type of Cold room, which is maintained by Engineering Services Department of AIIMS. In addition, the Institute has two cold storage cabinets that are not functioning optimally for last few months. Efforts are on to finalise the Annual Maintenance contract for regular maintenance and upkeep of these cold storage cabinets. The Institute has no deep freezer.

Death of infants in King George Medical College, Lucknow

773. PROF. A. LAKSHMISAGAR:
SHRI H.K. JAVARE GOWDA:
SHRIMATI SAROJ DUBEY:
SHRI RAMA SHANKER KAUSHIK:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the shocking incident of infants' death in the King George Medical College, Lucknow recently for want of oxygen;

(b) if so, whether Government have made any inquiry into callousness of the hospital authorities resulting in the death of infants;

(c) if so, the details thereof; and

(d) the reaction of Government with regard thereto and the action taken in the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT [DR. (SHRIMATI) RITA VERMA]: (a) As per the information furnished by the State Government and corroborated by the findings of the Central Team, the death of infants' at Neonatal intensive care unit at King George Medical College, Lucknow was due to the serious primary condition of the patients and not due to lack of oxygen.

(b) to (d) A Central Team of Experts has inquired into the matter and has since submitted its report. The salient features of the report are annexed in the Statement.

Statement

Salient features of the report of the Central team inquiring into the death of Infants

1. There were total eleven deaths from 3rd—5th November 2001 at Neonatal ICU of KGMC, Lucknow.

2. Ten of these 11 babies were born outside at different places in UP and Nursing Homes and other Hospitals at Lucknow. Only one baby was delivered at the Obstetric Department of KGMC.

3. All the 10 babies were brought to KGMC in a very critical condition. The baby delivered at KGMC was very pre-term and low birth weight and was in poor general condition when admitted in Neonatal ICU.

4. Out of the total 11 babies, 5 were pre-mature and 6 were term. There was one pair of low birth weight twin among the five pre-term babies. Out of the 6 term babies who had expired, 3 were having septicemia with shock, two had severe birth asphyxia with multi-organ system failure and one was suffering from aspiration pneumonia. All the babies were brought to hospital were late and from varying distances and in unstable condition. Eight of the 11 deaths have occurred within 24 hours of admission to the hospital signifying critical condition of patients.

5. There was 12 hours period from 4th November, 1.00 AM to 4th November, 1.30 PM when no Central supply of oxygen could be maintained since all 13 bulk oxygen cylinders got exhausted. However, there was alternative arrangement of 9 small cylinders from where all the babies received oxygen either by hood or ambu bag. One baby on mechanical ventilator had to be taken out of the machine and was put on ambu bag fitted with small oxygen cylinder.

6. At any time, no baby was deprived of oxygen administration.

7. The death rate of the preceding period when Central Oxygen Supply was available compared to the period when Central Oxygen Supply was not available showed no difference.

8. Interviews and statements recorded from the doctors, nurses, Gr. D staff as well as from the attendants of the patients revealed that all the patients were receiving oxygen. One parent whose baby died expressed displeasure because of removal of patient from the ventilator and putting the baby on ambu bag with oxygen from small cylinder.

9. The hospital indents and supply book of oxygen cylinders also confirmed that even on 3rd November 2001 sufficient number of oxygen cylinders were supplied. Because of continuous use of two ventilators, the bulk cylinders got exhausted and there was no central supply of oxygen for 12 hours. However, the record indicated that sufficient number of small oxygen cylinders are available in the ward.

10. Physical verification of the Neonatal intensive care unit and all the central oxygen system on 8th November, 2001 showed intact and continuous supply of oxygen and no malfunctioning in the machine or pipeline.

CONCLUSION

The eleven deaths at neonatal intensive care unit at KGMC, Lucknow was due to the serious primary condition of the patients and cannot be attributed to lack of oxygen.

Payment to local chemists attached to CGHS dispensaries

774. SHRI GOPALSINH G. SOLANKI:
MISS FRIDA TOPNO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of registered local chemists attached to each CGHS Allopathic and Ayurvedic Dispensary in Delhi and outside Delhi for supply of medicines;

(b) the reasons for registration of local chemists in CGHS dispensaries;

(c) the criteria for payment to the chemists for local purchase of medicines;

(d) whether registered chemists are facing lot of difficulties for late payment of their medicines;

(e) the pending payment of each chemist in Delhi, month-wise; and

(f) the details thereof and the reasons for not giving the payment to chemists in time?

THE MINISTER OF OF STATE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT [DR. (SHRIMATI) RITA VERMA]: (a) The details of registered local chemists attached to each CGHS Allopathic and Ayurvedic dispensary is given at Annexure [*See Appendix* 194, *Annexure No.* 9]